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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Suj
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	SCHOOL BUS TRANSPORTA

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR	SCHO	OL BUS TRA	NSPORTATION	1:	
This clain	n is for the	period beginning	!			. 20	and endin	g		. 20	
				nonth	day			_		day	
CERTIFI	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:						District L	evel:	
43 Roose	evelt		0774	Frontier	Elem				Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Se	Bus Driver's ocial Security #
100	3	1		152	1.15	59		12/29/04			
100	3	2		115.8	1.36	65		12/29/04			
						-					

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,							
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						•	Second Semeste to County Superinte to State Superinte	ntendent	
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SC	HOOL BUS TRA	ANSPORTATION	:	
This clain	claim is for the period beginning						and ending, 20			
			1	month	day			month d	lay	
CERTIF	ICATIO:	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	<u> </u>				District L	evel:	
43 Roose	evelt		0775	Poplar E	lem			Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
75	9	1		54	0.95	47	12/29/04			
75	9	2		56.3	0.95	47	12/29/04			
90	9	3		92	0.95	47	12/29/04			
55	9	4		59	0.95	47	12/29/04			
63	9	5		71.6	1.15	54	12/29/04			
75	9	Special E	d	23	0.95	45	12/29/04			
	·						-			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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_·
ol
Bus Driver's Social Security #

PI

75

80

50

17J/R

17J/R

17J/R

3A

4A

5A

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

140.6

196.8

122.5

1.80

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

			na, M	T 59620-25	01		School Bus Transportation County				
DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
				ATE REIME			HOOL BUS TRAI	NSPORTATIO			
This clain	n is for the	period beginning	,			20 and er	0		_, 20		
				month	day		m	onth	day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:							District	Level:			
43 Roos	evelt		0777	Culberts	on Elem			Elem	entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
50	17J/R	1		62	0.95	16	01/07/05				
65	17J/R	2		111.8	0.95	36	01/07/05				
65	17J/R	2A		110.8	0.95	36	01/07/05				

89

48

23

01/07/05

01/07/05

01/07/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			,							
DUE DATES:		February 1 February 1	to Cou					Secondary 10 to Country 24 to State 8	-	tendent
COMPLI	ETE THI	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SO	CHOOL BUS	TRANSPOR	TATION:	
This clain	n is for the	period beginning	I		,	20 and	ending		.	20
			1	month	day			month	da	ny
CERTIFI	CATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Le	vel:
43 Roose	evelt		0778 Culbertson H S						High S	chool
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspect		Days erated	Bus Driver's Social Security #
50	17C/R	1		62	0.95	16	01/07/	05		
35	17C/R	2		111.8	0.95	36	01/07/	05		
35	17C/R	2A		110.8	0.95	36	01/07/	05		
25	17C/R	3A		140.6	1.80	89	01/07/	05		
20	17C/R	4A		196.8	0.95	48	01/07/	05		
50	17C/R	5A		122.5	0.95	23	01/07/	05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		F February 1 t February 15				Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FOI	R STA	TE REIME	BURSEMEN	T FOR S	CHOO	L BUS TRA	NSPORT	ATION:	
This clain	n is for the	e period beginning			,	20 and	d ending			, 2	20
			1	month	day			I	nonth	da	y
CERTIF	CATIO	N:									
The infor	mation on	this form is comple	ete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:						District Lev	vel:
43 Roose	evelt	(0780 Wolf Point Elem							Elemen	tary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	y	Inspection	Da Oper		Bus Driver's Social Security #
100	45	1 Oswego		84.2	1.15	53		12/29/04			
67	45	11 Highway 13/201		76	0.95	47		12/29/04			
100	45	A Sped Oswego Exter		42.4	1.15	53		12/29/04			
67	45	2 Volt		78.6	1.15	54		12/29/04			
67	45	3 Dry Fork	ζ	78	0.95	35		12/29/04			
67	45	4		81.2	0.95	47		12/29/04			
100	15	5 sped		1/1 8	0.05	15		12/20/04			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:												
This clain	n is for the	period beginning _			,	20 and	ending		,	20		
			n	nonth	day			me	onth d	ay		
CERTIF	ICATIO:	N:										
The infor	mation on	this form is comple	ete and a	accurate to the	best of my kno	owledge.						
Date		5	Signatur	e, Chair, Board	l of Trustees							
County:		I	District:						District Level:			
43 Roose	evelt		0781	Wolf Poi	nt H S				High S	chool		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspe	ection	Days Operated	Bus Driver's Social Security #		
33	45A	11 Highway 13	/201	76	0.95	47	12/2	29/04				
33	45A	2 Volt		78.6	1.15	54	12/2	29/04				
33	45A	3 Dry Fork		78	0.95	35	12/2	29/04				
33	45A	4		81.2	0.95	47	12/2	29/04				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		— пете	ila, IVI I	39020-23	UI				
DUE DATES:		February 1 February 1	5 to Sta	nty Superint te Superint	T FOR SCH	May 24 to	Second Semester O County Superin O State Superinter	tendent ndent	
Tills Clair	in is for the	periou beginning	-	nonth	, day		_	onth da	
CERTIF	ICATION	٠ <u>.</u>							
The infor	mation on t	his form is comp	lete and a	accurate to th	e best of my kn	owledge.			
Date			Signatur	e, Chair, Board	d of Trustees				
County:			District:					District Le	vel:
43 Roos	evelt		0782	Brockton	n Elem			Elemen	ıtary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	55	1		100	1.57	72	01/10/05		
30					1.57	71	None		

PI

50

50

55F

55F

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

100

64

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

		Hele	ena, M	Г 59620-25		School Bus Transportation					
DUE DATES:		February 1 February 1	to Cou			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	N:		
This clain	n is for the	period beginning		month	, day	20 and en	8	onth	_, 20 day		
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District: District Level:									Level:		
43 Roose	evelt		0783	Brocktor	ı H S			High	School		
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		

72

71

01/10/05

None

0	PI	

100

100

100

100

64D

64D

64D

64D

1

2

3

4

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

114

21

98.6

64.6

0.95

0.95

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M⁻	Т 59620-25	01		School Bus Transportation				
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	N:		
This claim is for the period beginning											
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:								District l	Level:		
43 Roosevelt 0785 Bainville K-12 Schools								High	School		
Parcentage	District	Route		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's		

34

36

36

42

None

None

None

12/30/04

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	— Helena, Wi 1 59020-2501								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent							
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim	is for the period beginning,	20 and ending							
	month day	month day							
CERTIFI	CATION:								
The inform	nation on this form is complete and accurate to the best of my kno	owledge.							
Date	Signature, Chair, Board of Trustees								
County:	District:	District Level:							
43 Roose	evelt 0786 Froid Elem	Elementary							

45 Rooseveit 0700 From Elem							Elemen	itui y
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
75	65	1	108	0.95	42	01/10/05		
75	65	2	158	1.15	54	01/10/05		
57	65	3	120	0.95	48	01/10/05		
100	65	4	70	1.15	54	01/10/05		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			iia, ivi i	33020-23	01					
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TR								RANSPORT	'ATION:	
This clain	n is for the	period beginning	J		,	20 an	d ending		, 20	_•
			m	onth	day			month	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	ccurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County: District:							District Level:			
43 Roosevelt 0787 Froid H S							High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y Inspection	Da Oper	•	Bus Driver's Social Security #
25	65E	1		108	0.95	42	01/10/05			
25	65E	2		158	1.15	54	01/10/05	;		
43	65E	3		120	0.95	48	01/10/05	;		